

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO

10-57

1 FILING DATE

CLAIMS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-574677

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1										51			
2										52			
3										53			
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45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.										TOTAL IND.			
TOTAL DEP.										TOTAL DEP.			
TOTAL CLAIMS										TOTAL CLAIMS			